

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO. [REDACTED]

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION			INCIDENT INFORMATION		
NAME (LAST - FIRST - M.I.) MORALES, YVETTE			<input checked="" type="checkbox"/> 1. INDOOR <input type="checkbox"/> 2. OUTDOOR		
STAR NO. 4146	POSITION POLICE OFFICER		ADDRESS OF OCCURRENCE 5555 1/2 W GRAND AVE		
DATE OF APPOINTMENT 28-MAY-2002	EMPLOYEE NO. [REDACTED]		CITY <input checked="" type="checkbox"/> CHICAGO	STATE (if outside Chicago)	
UNIT OF ASSIGNMENT 025	BEAT/CALL NO. 2502		LOCATION CODE 281-JAIL / LOCK-UP FACILITY		BEAT OF OCCURRENCE 2515
SEX <input type="checkbox"/> 1. M <input checked="" type="checkbox"/> 2. F	RACE HISPANIC	DOB [REDACTED]	DATE OF OCCURRENCE 31-MAR-2012		TIME 15:00:00
HEIGHT 501		WEIGHT 155	DAY OF WEEK SATURDAY		
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED			NO. OF OFFICERS BATTERED 1		
<input checked="" type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER			WORKING: <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? _____ PATROL TYPE: <input type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input checked="" type="checkbox"/> F. OTHER FEMALE LOCKUP		
TYPE OF ACTIVITY			MANNER OF ATTACK		
<input type="checkbox"/> A. AMBUSH - NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____ <input checked="" type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE 720 ILCS 5.0/213-A-2- CRIMINAL TRESPASS TO LAND ORIGINAL IUCR CODE CRIMINAL TRESPASS - TO LAND <input type="checkbox"/> K. OTHER			<input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)		
TYPE OF WEAPON/THREAT			TYPE OF WEAPON/THREAT		
<input type="checkbox"/> A. FIREARM CALIBER _____ <input type="checkbox"/> 1. REVOLVER <input type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> 4. SHOTGUN <input type="checkbox"/> B. VEHICLE <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> E. FEET <input checked="" type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input type="checkbox"/> H. OTHER (SPECIFY) _____			(Check all that apply): <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON <input type="checkbox"/> I. BLUNT INSTRUMENT		
FIREARM USE INFORMATION			FIREARM USE INFORMATION		
<input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON			(Check all that apply): <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON		
OFFENDER INFORMATION			OFFENDER INFORMATION		
SEX <input type="checkbox"/> 1. M <input checked="" type="checkbox"/> 2. F RACE WHITE DOB [REDACTED]			CB NO. [REDACTED] IR NO. [REDACTED]		
TYPE OF INJURY TO OFFICER			TYPE OF INJURY TO OFFICER		
<input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input checked="" type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input type="checkbox"/> D. NONE APPARENT/NONE			WAS THE OFFENDER'S ACTIVITY: <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN <input checked="" type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN <input type="checkbox"/> 3. UNKNOWN <input type="checkbox"/> 3. UNKNOWN		
LIGHTING CONDITIONS AT INCIDENT			WEATHER CONDITIONS		
<input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> C. DAWN <input checked="" type="checkbox"/> 1. POOR <input type="checkbox"/> 2. GOOD			<input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER <input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND APPROXIMATE OUTDOOR TEMPERATURE: 60°F		

CPD-11.451 (REV. 1/04)

Unusual Circumstances Regarding Officer Control Tactics and Safety: (If you need more space use additional sheets).

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REPORTING MEMBER - SIGNATURE	STAR NO.	WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE	STAR NO.
MORALES, YVETTE	4146	RUBIN, HARVEY R	724
CPD-11.451 (REV. 1/04)			